

# A Report to the 2003 Louisiana Legislature

---

## “Developing A Healthy People 2010 Program for the State of Louisiana”



Presented to the  
**Honorable M.J. “Mike” Foster, Jr.,**  
**Governor, State of Louisiana**  
and the  
**2003 Louisiana Legislature**  
**Health and Welfare Committee**

---

David W. Hood, Secretary  
Department of Health and Hospitals

Prepared by: Healthy People 2010 Planning Council in collaboration with the  
DHH/Office of Public Health

Sharon G. Howard  
Assistant Secretary



---

June 17, 2003

## EXECUTIVE SUMMARY



The Louisiana Healthy People 2010 Report to the Legislature is a review of the current health status of Louisianians across our state and is a challenge to lawmakers and policymakers, as well as our citizenry, to create a healthier state by focusing on those leading health indicators that result in morbidity and mortality.

This report represents the culmination of activities called for in House Bill 1774 the 1999 Regular Legislative Session and enacted in Chapter 29 of Title 40 of the Louisiana Revised Statutes of 1950, comprised of R.S. 40:2741 through 2745 (see APPENDIX A) relative to public health and the creation of the Louisiana Healthy People 2010 Planning Council (HP Council). The report articulates what was called for in this legislation, specifically “the development of preliminary recommendations for the collection of data that will contribute to the realization of the goals of the Louisiana Healthy People Planning Council and to develop and implement an effective Healthy People 2010 State Plan for Louisiana.”

Since the passage of the legislation and with the growing recognition of Louisiana’s poor ranking in health status, multiple stakeholders representing the prescribed membership in the legislatively mandated HP Council have met and reviewed data to support Louisiana’s own health improvement process. In addition, the Council studied the comprehensive federal guide on the implementation of state healthy people initiatives; created the forum for addressing concrete ways for cross agency collaboration in the area of health improvement; and studied the most effective structure for moving this healthy people agenda forward in Louisiana. The work of the HP Council culminated in the formal adoption of ten Leading Health Indicators (LHIs) that will serve as the priorities for Louisiana’s health promotion and prevention agenda, as well as the passing of House and Senate resolutions to establish a Healthy People 2010 program (see APPENDICES B-1 and B-2).

*“A Proposal for the Development of a Healthy People 2010 Program for the State of Louisiana”* is grounded in the reality of what is either worsening mortality rates of our citizenry in Louisiana or resulting in the loss of productive years of life due to chronic illnesses. It recognizes that for any improvement in the health of our citizens, there has to be the development and creation of community-based, state funded and state- guided partnerships and programs specifically designed to address health problems identified by the communities themselves.

The proposal herein provides a framework for the development of a community health improvement process and recognizes the critical importance of evaluation and health status monitoring for continued success.

Finally, it presents a challenge that demands support and involvement at all levels. The Department of Health and Hospitals, Office of Public Health adopts the leading health indicators and the Healthy People 2010 platform as its prevention agenda for years to come.

# Contents

---

Executive Summary .....	2
-------------------------	---

## **Part I: Healthy People 2010 Background and Status Report**

Introduction.....	6
What is Healthy People 2010?	
Why Healthy People 2010?	
Louisiana's Health .....	7
The Health Sector	
Healthy People 2010 Activities in Louisiana	
Chronic Diseases and Risk Factors in Louisiana	
Insight on Chronic Diseases.....	10
Understanding Chronic Diseases and Their Risk Factors	
Economic Cost of Chronic Diseases	
Cost-Effectiveness of Prevention	
Fixing the Broken System.....	12
Collaboration with Tulane University	
What Would Healthy Louisiana Look Like In 2010 If We Are Successful?	
"Best Practices" Review	
Building the Leadership and Foundation	
Adopting Health Priorities	

## **Part II: The Proposal for Healthy People 2010 Program Development and Structure**

Design and Structure .....	16
Design Recommendations	
Structure	
A Community-Based Strategy .....	17
Roles and Responsibilities	
The Role of DHH/Office of Public Health	
The Role of the Community	
Measuring and Tracking Progress Community by Community	
Communicating Health Goals, Objectives and Successes	
Community Certification and Training.....	18
The Certification Process	
Training	
Program Evaluation .....	20

Implementation Plan.....	20
Objectives	
Identifying and Securing Resources .....	23
The Need for Resources	
APPENDICES	
APPENDIX A .....	25
Healthy People 2010 Legislation	
APPENDIX B-1 .....	30
House Resolution NO. 130	
APPENDIX B-2 .....	33
Senate Resolution NO. 84	
APPENDIX C .....	35
Leading Health Indicators (LHIs)	
APPENDIX D.....	36
Defining Prevention	
APPENDIX E .....	37
Best Practice Review: The Healthy Carolinians “Partnership”	
APPENDIX F-1 .....	40
Healthy Carolinians Community Certification Standards	
APPENDIX F-2 .....	41
Healthy Carolinians Benefits Certification	

# **PART I**



## **Healthy People 2010 Background and Status Report**

## **A Report to the 2003 Louisiana Legislature**

---

### **“Developing A Healthy People 2010 Program for the State of Louisiana”**

#### **Introduction:**

#### **What is Healthy People 2010?**

Healthy People 2010 is the nation’s health promotion and disease prevention plan for the first decade of the 21<sup>st</sup> century.<sup>1</sup> It is a broad-based collaborative effort between Federal, state and territorial governments, as well as hundreds of private, public and non-profit organizations. Healthy People 2010 has two overarching goals: (1) increase the quality and years of healthy life, and (2) eliminate health disparities. To accomplish these goals, 467 science-based objectives and ten Leading Health Indicators (LHIs) were developed to track progress over the decade.

#### **Why Healthy People 2010?**

Healthy People 2010 is designed to serve as a roadmap for improving the health of all people through prevention, using a community-based approach. It presents a systematic approach to health improvement with an emphasis on measurable objectives and goals. It is evidence-based and not anecdotal.

Ideally, public health practitioners would always incorporate scientific evidence in making management decisions and allocating resources, but in reality, many decisions are made based on anecdotal evidence. One challenge to encouraging more use of evidence in decision-making is access to relevant research. To that end, the Centers for Disease Control has created extensive online information resources to support the implementation of Healthy People 2010 programs including, *“The Guide to Community Preventive Services: Systematic Reviews and Evidence-based Recommendations”* ([www.thecommunityguide.org](http://www.thecommunityguide.org)). This Guide gives communities a common starting ground to review potential strategies and programs that are most relevant, effective and cost-effective.

Use of this common base of information can provide the foundation for new partnerships across health issues and new thinking about how to address the many health concerns we face. Healthy People 2010 builds on the national agenda, but can be tailored to Louisiana’s specific needs. Federal funding is increasingly tied to this model. Given the burden of chronic disease in terms of quality of life for Louisianians – let alone the economic impact of poor health – positioning Louisiana to get the maximum Federal dollars for prevention – community by community – is an important strategy. Successful community partnerships use a systematic approach to health improvement. Healthy People 2010 is a good strategy for continuing this process of change to a community-based health care delivery system with primary care and prevention as its foundation.

---

<sup>1</sup> More information on Healthy People 2010 is available at [www.healthypeople.gov](http://www.healthypeople.gov).

## **Louisiana's Health**

### **The Health Sector**

Louisiana, as with many other states, has already started to grapple with increasing costs of supporting a state-operated direct service delivery model. In 2002, the Louisiana Department of Health and Hospitals, under Secretary David Hood, put forth the following vision for improving health in Louisiana:

“Our goal is to develop a comprehensive, community-based health care delivery system with preventive and primary health care as its foundation...for all citizens where they live.”<sup>2</sup>

This new model would depend on two major strategies:

- Developing a collaborative partnership model with private and public providers for delivery of preventive and primary care services; and
- Encouraging the participation of locally operated, community-based and community-owned health care services that meet the preventive and primary care needs of the citizens.

These two strategies are core to the proposed DHH/OPH Healthy People 2010 Plan.

Progress to date on this new community-based preventive and primary care agenda includes:

- A raised awareness and interest in a collaborative approach across state agencies regarding the importance of community-based preventive health through the work of the Healthy People 2010 Planning Council;
- Coverage of children through the Louisiana Children's Health Insurance Program (LaCHIP), thereby providing opportunity to access primary and preventive care services;
- Expanded CommunityCARE coverage to link Medicaid recipients to primary care providers in their communities; and
- The transition to local government control of community-based services with the conversion of 17 parish health units.

Next steps include:

- Investing Preventive Block Grant dollars, and other resources that may become available, into critical chronic disease areas, with a focus on awareness and health promotion; and

---

<sup>2</sup> Presentation by Secretary Hood to HP Council in September 2002

- Developing and implementing a Healthy Louisiana 2010 agenda, building on the strengths of existing programs and strategies.

### **Healthy People 2010 Activities in Louisiana**

The importance of adopting a Healthy People 2010 strategy was recognized in 1999 when the Louisiana Legislature created the HP Council. This Council was mandated by the Legislature and the Department of Health and Hospitals was charged with reviewing the availability of data and information on chronic diseases and risk factors in Louisiana, reviewing “best practices” from other states and designing a process for a state plan for Healthy People 2010. The HP Council’s diverse membership included representatives from many state agencies including Social Services, Economic Development, Environmental Quality, Transportation, Labor, Public Safety, Education and Insurance. The Chancellors of the Louisiana State University Medical Center and the Tulane University Medical Center, as well as the presidents of the Louisiana State Medical Society, the Louisiana State Nurses Association, and the Louisiana Public Health Association were invited from the private sector, along with many others. In subsequent years, the following HP Council activities were accomplished:

- Important stakeholders invested in the arena of health promotion and disease prevention at the state and community level were identified.
- Information on how other states developed their HP 2010 programs, as well as their progress to date, was collected and shared.
- The availability of data to support Healthy People 2010 was reviewed and studied.

From this set of activities, there were three important outcomes critical to the next steps of implementing the Healthy People 2010 program in Louisiana:

- A forum was created for discussion about the need for cross-agency collaboration to improve health in Louisiana;
- Using the comprehensive list of 467 objectives provided by the Healthy People 2010 initiative, a structure was created for identifying and recommending health priorities for Louisiana;
- The HP Council adopted the ten LHIs as the health priorities for Louisiana (see Appendix C).

The HP Council’s activities were focused on developing a strategic plan for the state because of the urgency to adequately address Louisiana’s deaths due to chronic diseases. The HP Council used the national Healthy People 2010 initiative as a guideline for creation of a Louisiana Healthy People program because it had proven to be effective in other states and communities.



The national initiative also provided proven methods for improving the health of Louisiana's citizens and for reducing the mortality associated with chronic diseases.

### Chronic Diseases and Risk Factors in Louisiana

It is not difficult to describe the poor health status of Louisiana's citizens. A report issued in 2002 by the United Health Foundation, *"America's Health: A Call to Action for People and their Communities"* reports that Louisiana is 50<sup>th</sup> in the state health rankings. Furthermore, Louisiana has been last for the past three years and its score continues to drop such that it is now 23.9% below the national average. Other data sources, including statistics from the Centers for Disease Control and Prevention (CDC), the Office of Public Health's Vital Statistics Office (NVSR) and the Office of Public Health's Chronic Disease Epidemiology Unit (OPH 2001–2002) document the same picture of the poor health of our citizens:

- Of all states, Louisiana had the seventh highest rate of death due to heart disease in 2000. (CDC)
- Heart disease accounted for 26.6% of all deaths in Louisiana in 2002. (OPH)
- In 2000, of all states, Louisiana had the second highest rate of death due to all cancers, the third highest due to breast cancer in women, the fourth highest in colorectal cancer and the sixth highest due to lung cancer. (CDC)
- Cancer accounted for 22.5% of all deaths in Louisiana in 2002. (OPH)
- Of all states, Louisiana had the highest rate of death due to diabetes in 2000. (NVSR)
- Nearly 36% of adults in Louisiana are overweight while 24% are obese. (OPH 2002)
- In Louisiana, 85% of adults do not get the recommended amount of physical activity, compared to a national rate of 78%. (OPH 2001)
- The majority of smokers in Louisiana began smoking as children, and the 18-24 age group has the highest current smoking rates. (OPH 2002)
- On average, 22% of Louisiana adults are uninsured, which is almost twice the rate of the nation (13%). (OPH 2001)

### Leading Causes of Death in Louisiana, 2002

Cause	Percentage of Total Annual Deaths
Cardiovascular Disease	26.6
Cancer	22.5
Stroke	6.2
Accidents/Injury	5.0
Diabetes	4.2
Other Causes	35.5

## **Insight on Chronic Diseases**

### **Understanding Chronic Diseases and Their Risk Factors**

The profile of diseases contributing most heavily to death, illness and disability among Americans changed dramatically during the last century. Today, diseases related to cardiovascular health (primarily heart diseases and stroke), cancer and diabetes (diseases known as “chronic”) are among the most prevalent, costly and preventable of all health problems. In fact, seven out of every ten Americans who die each year, or more than 1.7 million people, die of a chronic disease. In addition, chronic diseases account for 75% of the \$1 trillion spent on health care each year in the United States. Yet, effective measures exist today to prevent or delay much of the chronic disease burden and curtail its devastating consequences.

Chronic diseases are generally not prevented by vaccines or cured by medication, nor do they just disappear. To a large degree, the major chronic disease killers—heart disease, cancer, stroke, chronic obstructive pulmonary disease, and diabetes—are an extension of what people do, or not do, as they go about the business of daily living. Health-damaging behaviors, in particular tobacco use, lack of physical activity, and poor eating habits, are major contributors to heart disease and cancer, our nation’s leading killers. These behaviors also increase people’s risk for other serious chronic diseases such as diabetes. A single behavior—tobacco use—is responsible for over 80% of the deaths each year from chronic obstructive pulmonary disease, the nation’s fourth leading cause of death. Clearly, promoting healthy behavior choices, through education and through community policies and practices, is essential to reducing the burden of chronic diseases.

In addition, we have the tools in hand to detect certain chronic diseases in their early stages, when treatment is most effective. Regular screening can detect cancers of the breast, cervix, colon, and rectum and is also critical for preventing the debilitating complications of diabetes, including blindness, kidney disease, and lower-extremity amputations. Screening and appropriate follow up for high blood pressure and elevated cholesterol can save the lives of those at risk for heart disease and stroke. Access to high-quality and affordable prevention measures for all Americans is essential if we are to save lives and reduce medical care costs.<sup>3</sup>

### **Economic Cost of Chronic Diseases**

The health sector at both the Federal and State level cannot effectively address escalating health care costs without addressing the problem of chronic diseases. At the Federal level, many studies have been conducted to demonstrate the economic burden of chronic disease on the health sector. A few examples follow:

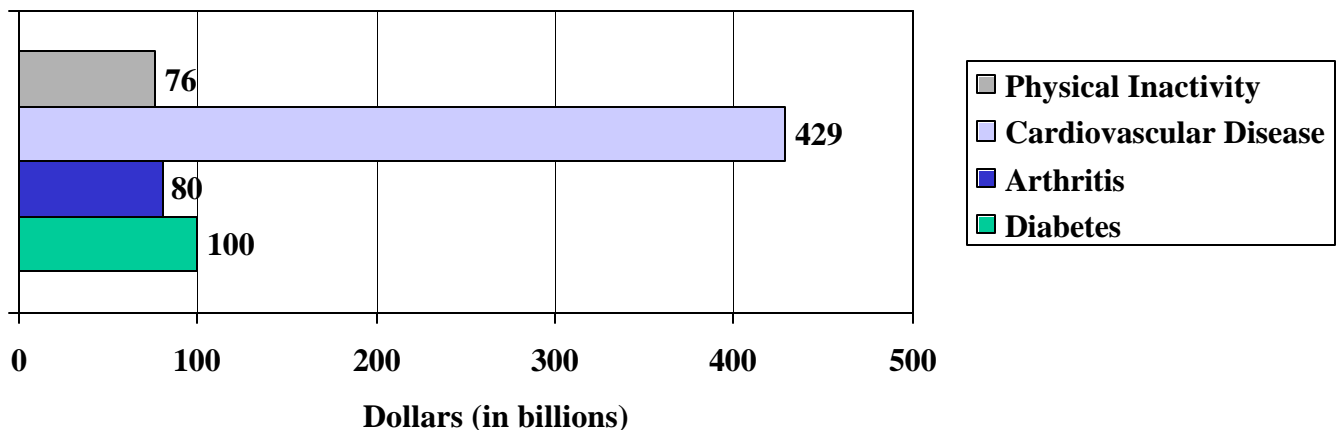
- In the U.S., the direct and indirect costs of diabetes are nearly \$100 billion a year. <sup>(CDC)</sup>

---

<sup>3</sup> “The Burden of Chronic Diseases and their Risk Factors: National and State Perspectives 2002,” Preface in near entirety. Published by Centers for Disease Control at [www.cdc.gov/nccdphp/burdenbook2002/index.htm](http://www.cdc.gov/nccdphp/burdenbook2002/index.htm)

- Each year, arthritis results in estimated medical care costs of \$15 billion, and estimated total costs (medical care and lost productivity) of almost \$65 billion in the U.S. <sup>(CDC)</sup>
- In 2001, the United States spent approximately \$300 billion on all cardiovascular diseases. Additionally, over \$129 billion in lost productivity was due to cardiovascular disease. <sup>(CDC)</sup>
- The direct medical costs associated with physical inactivity in the U.S. were nearly \$76 billion in 2000. <sup>(CDC)</sup>
- The estimated direct and indirect costs associated with smoking in the U.S. exceed \$68 billion annually. <sup>(CDC)</sup>

### Economic Costs of Physical Inactivity and Chronic Diseases



Studies on the economic impact of chronic disease at the state level are just emerging as states are faced with even tighter budgets and want to better understand the potential savings from investing in prevention and health promotion programs. For example, in Louisiana in 1999, it was estimated that the economic costs attributable to cigarette smoking was \$2.81 billion.<sup>4</sup> While these studies continue to emerge, there is no reason to believe that the economic burden estimates based on national studies are not locally relevant.

### Cost-Effectiveness of Prevention

The good news is that estimates of the cost effectiveness of prevention are also emerging and allowing state officials an opportunity to consider the long-term impact of investing in

<sup>4</sup> Smoking Attributable Mortality, Morbidity and Economic Costs: Louisiana, 1999, Department of Health and Hospitals.

prevention – not only in terms of medical expenditures, but also as an investment in human capital. For example, the CDC reports the following data:<sup>5</sup>

- For a cost ranging from \$1,108 to \$4,542 for smoking cessation programs, one quality-adjusted year of life is saved. Smoking cessation interventions have been called “the gold standard of cost-effective interventions.”
- For every \$1 spent on preconception care programs for women with diabetes, \$1.86 can be saved by preventing birth defects among their offspring.
- According to one Northern California study, for every \$1 spent on the Arthritis Self-Help Program, \$3.42 was saved in physician visits and hospital costs.
- A mammogram every two years for women aged 50–69 costs only about \$9,000 per year of life saved. This cost compares favorably with other widely used clinical preventive services.
- Physical activity interventions may be a cost-effective strategy for reducing the burden of arthritis. After controlling for physical limitation and major socioeconomic factors, more than 12% of annual medical costs of the inactive persons with arthritis are associated with physical inactivity.

## **Fixing the Broken System**

### **Collaboration with Tulane University**

There is little debate that the health status of Louisiana citizens is poor, that preventable chronic diseases are largely responsible for the poor health status and that the economic burden to society is high. It is time to “fix the broken system” in Louisiana through additional investments in prevention (see APPENDIX B for more on prevention).

Despite the HP Council’s work and assistance from DHH/OPH, there was a need to accelerate the development of the Healthy People program. Consequently, a contract for this purpose was developed with the Tulane University School of Public Health, Department of Health Systems Management (Tulane). Using Preventive Block Grant funding resources, this collaboration began to provide assistance in researching and making recommendations on the design of a Louisiana Healthy People 2010 Program, based on “best practices” from other states and communities with consideration of local opportunities.

The initial focus of the collaboration with Tulane was to review the work of the HP Council to date; engage in visioning activities toward development of a Healthy People program; review “best practices” from other state Healthy People programs; and to review ongoing prevention programs at OPH and other state agencies to identify possible starting points for next steps and strategies for deployment of Louisiana’s Healthy People 2010 program.

---

<sup>5</sup> Chronic Disease Overview, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control, June 2003, [www.cdc.gov/nccdphp/overview.htm](http://www.cdc.gov/nccdphp/overview.htm)

Earlier sections of this document reflect the work done to date on the following questions:

1. What is Healthy People 2010?
2. Why Healthy People 2010 (e.g., funding; Louisiana indicators)?
3. What has already happened to date on Louisiana's HP2010?
4. How does HP2010 tie into other health sector activities?

The following key issues were identified during subsequent activities carried out in the Healthy People 2010 planning process:

### **Envisioning a Successful Program**

For the program to be successful, it must consist of the following:

- A network of well-defined, broad-based community partnerships in all Louisiana communities, using the Healthy People 2010 information as a roadmap;
- Specific funding for a collection of recognizable, community-specific prevention and health promotion projects; and,
- Prevention and health promotion would be the organizing principles driving policy and decision-making around health issues in Louisiana.

### **“Best Practices” Review**

A review of “best practices” and lessons learned around successful implementation strategies for community-based Healthy People initiatives was completed. Using this review of the programs around the country, a set of “Elements of Success” was identified as critical to deploying a successful Healthy People program. Below are brief descriptions of each “element” and either a description of what Louisiana has done or recommendations for action.

### **Building the Leadership and Foundation**

To be successful, Healthy People programs must clearly identify the necessary leadership and give it the political power to be successful. The review suggests that Louisiana was a model program in their passage of legislation mandating the creation of a HP Council in 1999. In addition, the foundation was built through the establishment of the HP Council and its initial information sharing activities (see previous section on **Healthy People 2010 activities in Louisiana**).

## **Adopting Health Priorities**

One of the biggest challenges for any state in developing a Healthy People approach is to adopt health priorities from the 467 science-based objectives that are part of the “roadmap” to health improvement. Through a series of meetings, the HP Council adopted Louisiana’s ten LHIs as follows:

- Physical activity
- Overweight and Obesity
- Tobacco Use
- Substance Abuse
- Responsible Sexual Behavior
- Mental Health
- Injury and Violence
- Environmental Quality
- Immunization
- Access to Health Care

## **PART II**



# **The Proposal for Healthy People 2010 Program Development and Structure**

## **Design and Structure**

### **Design Recommendations**

The DHH/OPH Healthy People 2010 staff has developed a detailed approach for the implementation of the Louisiana program. This work was based on the work of the HP Council; a review of “best practices” of other state programs (see APPENDIX D for more); and from in-depth telephone interviews with other state Healthy People 2010 directors.

The “Healthy People 2010” program will use a community-based model to approach the development and statewide implementation of its goals and objectives. The process involves a community certification program used to create “partnerships” between the Healthy People 2010 office and each parish within the state. Each year, a proposed Governor’s Task Force will award certification to parishes that develop broad-based community plans addressing the needs of health promotion and disease prevention in their communities.

### **Structure**

Healthy People 2010 will be structured to minimize state directives, while maximizing community involvement and ownership. Through the state’s Office of Public Health, the Healthy People 2010 program office will provide leadership and support to the individual parish partnerships. However, each individual parish will be responsible for meeting the criteria for certification. Other states are offering planning grants to their community partners as incentives to start the certification process. With additional funding, the Louisiana Healthy People 2010 program plans to also offer “mini-grants” to parish partners.

The Healthy People 2010 program office will be composed of skilled professionals that will take a systems approach to training. With current funding, the HP 2010 team consists of a program manager, assisted by a program coordinator. It is proposed that additional funding be provided to implement the best practice model proposed. This would require additional staff including a community assessment coordinator and trainer, as well as a full-time grants researcher and writer. In addition, each of the nine administrative regions under the Office of Public Health will designate a “Regional Health Education Consultant.” These regional consultants will be the contact for the Healthy People 2010 state office and will provide education and technical assistance to local partnerships engaged in the Healthy People 2010 certification process.

In addition to the headquarters and regional staff, each parish will need to hire a local “Community Health Education Coordinator.” The local Coordinator will be responsible for performing a community health assessment; identifying community programs with HP 2010 initiatives; promoting the program and maintaining high visibility in the community; and providing leadership and education to the community programs. This coordinator will be funded by local sources (i.e. local health departments/hospitals, parish commissions, foundations, etc.) and will likely be skilled a health professional such as a nurse or a health educator.



## **A Community-Based Strategy**

### **Roles and Responsibilities**

The premise behind Healthy People 2010 is that we should encourage the development of community-based partnerships aimed at addressing health problems in our community through the utilization of scientific, evidence-based prevention activities that have proven to be successful. Traditionally, public health departments did not seek explicit partnerships with communities to determine their specific needs – most planning was done centrally. With the increasing movement toward a decentralized model of health care delivery, it is important to look at the new role of public health in facilitating community health action plans and the unique roles local partnerships must assume.

### **The Role of the DHH/Office of Public Health**

- Develop, staff and monitor a “community certification” program to ensure compliance with best practices by:
  - building infrastructure to provide relevant local data, research and “best practices” to local partnerships to support their processes
  - positioning the Healthy People 2010 Program office as a resource for technical assistance to support local needs assessments
  - developing media and promotional materials to support the community action plan
  - creating local “champion’s awards” to encourage participation
- Use a “certification” program to facilitate access to community-based funding opportunities from federal, state and other funding agencies.
- Sponsor discussion forums to develop strategies for state-level, cross-agency collaboration around the health priorities.

### **The Role of the Community**

- Responsible for community needs assessment and identification of available resources
- Develop broad-based community partnerships that represent the needs of the community and whose missions are prevention-based
- Develop and implement local action agenda tied to local and state Healthy People 2010 objectives
- Engage local leadership in developing and implementing the agenda; this includes businesses, universities, public health agencies, hospitals, etc., representing the racial/ethnic make-up of the community
- Engage citizens in all the processes

Many states have also developed separate “Healthy People 2010” websites as an information source to accommodate this new role.

### **Measuring and Tracking Progress Community by Community**

- Healthy People 2010 provides targets to help track progress toward accomplishing the health objectives. These targets can be compared to other states or communities to get a sense of progress. However, developing the supporting information infrastructure will be critical in order to track any progress. For example, if “community” is defined as a public health region, then data on risk factors and chronic disease patterns need to be available to establish a baseline for change to be measured against.
- It is also critical that the “community-by-community” successes are aggregated and reported at the state level. This is because state-level change is of most importance to the Centers for Disease Control, one of the primary Federal funders of prevention monies.
- Successes and challenges should be captured and reported to community partners so that others can leverage successes and learn from mistakes in their own work.

### **Communicating Health Goals, Objectives and Successes Broadly**

- A strong, consistent communications plan about the goals and objectives related to moving a Healthy People 2010 agenda forward needs to be in place.
  - This plan should include separate strategies for communicating about Healthy People 2010 as it relates to:
    - state agencies adopting it as a basis for action;
    - community partnerships involved in developing their community-based strategies; and
    - citizens interested in individual health promotion activities
- Diverse sets of information will need to be presented to various audiences to increase the likelihood of successfully communicating the importance and possibilities of Healthy People 2010 for improving the quality of life of all citizens.

### **Community Certification and Training**

#### **The Certification Process**

Certification provides statewide and national recognition of the valuable work of community members and agencies. Through the community certification process, a parish can be certified and recognized by the Governor as a “Healthy Community.” The Governor or his designated official will personally give these awards on an annual basis at a statewide conference sponsored by the Department of Health and Hospitals. Statewide community and public health leaders, as well as partnership team members will attend the conference.

An important benefit of such a certification process is that it has proven to attract grant opportunities and can even serve to attract economic investment. Equally important is that the Certification Award contributes to the momentum of the partnership. **It also provides sustainability.**

The first step in the community certification process will be to perform a community health assessment. Through the health assessment process, community members will gain a better understanding of the health of their community and will be able to identify available resources, including health care systems in their community. Through identifying, collecting, analyzing, and disseminating information, the assets, strengths, resources, and needs of the parish will be determined. The health assessment will culminate in a report that includes current information about the health of the parish and its capacity to improve the lives of its residents. The report will also provide the basis for discussion and action.

Following the community health assessment, the parish will write and submit their application for certification. This application should demonstrate that the parish has adopted the state's ten LHIs and has begun an initiative to address at least two of these health priority objectives. These objectives must be measurable and realistic. Standards and benefits for community certification will be developed based on the Healthy Carolina standards (see copy in Appendices D-1 and D-2).

The Healthy People 2010 program office will develop the resource documents and toolkits (paper and electronic) to facilitate the performance of this task. In addition, the Healthy People 2010 office will develop a website to provide resources and statistical information for community partnerships involved in the certification process. The development of resource documents, toolkits and a website will be modeled from a "best practice" review of similar programs such as the Healthy Carolinians.

## **Training**

Regional health education consultants will conduct quarterly meetings with community coordinators in their regions to assess progress and provide critical training. In addition, Healthy People 2010 training materials will be made available on the website. Further training will be provided to Healthy People 2010 partnerships through periodic workshops that address more specific technical needs. Currently, one identified need is to provide training to CommunityCARE providers concerning the prevention of obesity. The Healthy People 2010 program could utilize its network of local partnerships by assigning community coordinators to conduct workshops for CommunityCARE providers on the prevention of obesity.

Additionally, training and workshops will be conducted at the aforementioned annual conference sponsored by the Department of Health and Hospitals. This conference will provide the opportunity for Healthy People 2010 partnerships to build the skills necessary to impact public health by learning and sharing innovative strategies for successful community collaboration.

## **Program Evaluation**

The key to evaluating a Healthy People 2010 program is to acknowledge that in its initial stages it is more a process than a program. Processes are best measured by using outcomes evaluation. This model examines inputs, activities, outputs, and outcomes to determine process effectiveness. While the exact approach has not yet been determined, interviews with other Healthy People program directors suggest the following long-term measures of success:

- Increases in the number of annual community certifications
- Increases in the number of new intervention strategies developed
- Increases in the number of expansions of existing successful intervention programs on an annual basis
- Increases in the number of partnership activities (i.e., intervention programs or services provided) and health outcomes (i.e., number of people trained or percentage change in HP 2010 objective)

Once the program design is completed, Healthy People 2010 staff will work with an evaluator to more clearly define the desired outcomes. In the long term, outcomes will be reflected in changes in health status at the parish level.

## **Implementation Plan**

### **Objectives**

To begin implementation of Healthy People 2010 Program, effective July 1, 2003, the Healthy People 2010 Program will have submitted an application to receive a portion of the Centers for Disease Control Preventive Block Grant.

The following activities will be undertaken by the DHH/OPH Healthy People Program in Year 1: July 1, 2003 – June 30, 2004:

#### **1. Monitor health status**

- **Desired Impact Objective**

To develop and maintain a system that will integrate information from the CDC's Behavioral Risk Factor Surveillance System (BRFSS), the Louisiana Health Report Card, and the Parish Health Profiles, in order to establish baseline data at the parish level on Louisiana's ten LHIs, as part of a data tracking system and planning process for Healthy People 2010 initiatives within the State of Louisiana. The goal of this objective is to track health data, at the parish level, statewide.

- **Annual Activity Objective for Desired Impact Objective**

By April 2004, launch the piece of the "Healthy People 2010" website that will

house a data tracking system to enable continuous monitoring of health data addressing Louisiana's ten LHIs. This system will enhance the planning processes for the Healthy People 2010 initiatives within Louisiana.

## **2. Inform and Educate**

- **Desired Impact Objective**

By July 2004, in order to enhance partnership building, launch a public education/awareness campaign for HP 2010 and implement the Community Certification Program.

- **Annual Activity Objective for Desired Impact Objective:**

- By September 2003, establish a review committee and issue a request for proposal for an advertising agency to develop an identification package for the program, including program name, logo and necessary program materials, as well as a statewide media campaign to promote the HP 2010 program. This statewide, multi-media campaign will be launched in the next fiscal year (July 2004) to increase public awareness of the program.
- By September 2003, establish a committee to develop a HP 2010 website strategy.
- By October 2003, contract with an independent copywriter to assist with collecting and writing program information for the website and a program brochure.
- By November 2003, launch a HP 2010 website.
- By November 2003, establish a partnership with the Obesity Council and determine a strategy to provide educational training on the prevention of obesity to all CommunityCARE physicians.

## **3. Mobilize Partnerships**

- **Desired Impact Objective**

Develop community partnerships using the certification process to improve human and material resources targeted to local health status improvement.

- **Annual Activity Objective for Desired Impact Objective**

By December 2003, establish partnerships in one parish to serve as a pilot project to determine the information and capital resources needed to support a community-based certification project.

## **4. Develop Policies and Plans**

- **Desired Impact Objective**

Develop protocols and procedures for all aspects of the HP 2010 program, including processes for partnership building; database and list-serve building; and the Community Certification Program.

- **Annual Activity Objective for Desired Impact Objective**

By September 2003, establish a committee to develop protocols and procedures for all aspects of the HP 2010 program, including processes for the following: partnership building; database and list-serve building; and the Healthy People 2010 Community Certification Program.

## **5. Link People to Services**

- **Desired Impact Objective**

Use developed tools to reach as much of the statewide target population as possible.

- **Annual Activity Objective for Desired Impact Objective**

By November 2003, launch a HP 2010 website, which, aside from program information, will also list active partnerships and available resources for use by state, federal, and local agencies, private and non-profit organizations and community organizations.

By November 2003, develop presentation materials to introduce Healthy People to the communities through presentations to state agencies, professional and civic organizations, faith-based organizations and non-profits.

## **6. Assure Competent Workforce**

- **Desired Impact Objective**

Begin to build infrastructure for Healthy People 2010.

- **Annual Activity Objective for Desired Impact Objective**

- By July 1, 2003, hire a full-time coordinator to assist the program manager in launching the program (i.e., development and coordination of a committee responsible for developing program processes and procedures; assist with outreach to statewide community organizations through public speaking, presentations, networking, letter writing and telephone contact; assist in the development of a partnership database and list serve, etc.).

- By the end of October 2003, hire a full-time health assessment coordinator to assist in the activities listed above, as well as develop and implement a comprehensive in-house wellness program to be implemented first within DHH, and ultimately taken to the Governor's Office to be shared with all state agencies.

- By the end of September 2003, hire a full-time webmaster/graphic designer to

oversee the OPH website and HP 2010 website, as well as an office coordinator to provide clerical support.

- If additional funding is obtained, additional technical staff should be hired to provide technical support for the certification program as it expands in Year 2 (2004–05). Additional staff requirements as noted in the “Design Recommendations” section include:
  - a full-time community coordinator in each parish, to be funded by the parish
  - at least five regional technical assistance consultants, a role that can be assigned temporarily to existing OPH regional staff

## **Identifying and Securing Resources**

### **The Need for Resources**

To date, support for the Council has been provided with existing DHH/OPH staff and funding. While DHH/OPH intends to continue these efforts, additional resources will be needed to modify the information infrastructure and to provide technical assistance to community partnerships engaged in planning and other activities.

There is also a need for incentive planning grants. Other states have successfully offered as little as \$2,500 to their counties as incentive “mini-grants” to bring them to the table. A cap can be established per year on the number of mini-grants available. Other states have used part of the tobacco settlement monies to accelerate the infrastructure development required to decentralize the information systems to the community level, and to create a network of trained professionals to implement the coordination of community planning. Once the infrastructure is in place, the potential for additional Federal funding will be enhanced.

This proposed plan for implementation of a Healthy People 2010 Program for Louisiana outlines what we believe are key elements to ensure a truly statewide, comprehensive initiative. While the CDC’s Preventive Block Grant is providing funding for a start-up staff for the program, it is recommended that an additional \$200,000 be provided in order to implement the program for year 1, beginning July 2004, as outlined in this proposal.

# **APPENDICES**



## **APPENDIX A**

### **Healthy People 2010 Legislation**

#### **CHAPTER 29. LOUISIANA HEALTHY PEOPLE 2010**

##### **PLANNING COUNCIL**

###### **§2741. Legislative findings**

A. The legislature recognizes that Healthy People 2010 is the national prevention initiative developed under the leadership of the Surgeon General of the United States and the public health community through the nation in a document entitled Healthy People 2010 Objectives, which identifies opportunities to improve the overall quality of life and health of all Americans.

B. The legislature further finds that Healthy People 2010 carries forward a process that began with the publication of the U.S. Surgeon General's report Healthy People and subsequent publication Promoting Health, Preventing Disease: 1990 Health Objectives for the Nation, and Healthy People 2000.

C. The legislature acknowledges that Louisiana will be called upon to develop its own set of objectives based on Healthy People 2010 Objectives.

D. The legislature finds that the creation of a Healthy People 2010 Planning Council in Louisiana will ensure a broad-based approach to the goal of improving the overall health of all Louisiana citizens.

E. The legislature notes that the objectives of Healthy People 2010 coincide with Goal Number 3 of the Governor's Louisiana Vision 20/20, which focuses on strategies to improve the quality of life of Louisiana's citizens.

F. The legislature recognizes that as Louisiana looks toward the overall health of its citizens, a Healthy People 2010 initiative must involve all state agencies which, in some way, through the services, programs, or work objectives they provide, have an impact on the health of the citizens of Louisiana.

G. The legislature also recognizes that a Healthy People 2010 initiative should involve persons representing a myriad of public, private, professional, educational, trade, volunteer, and advocacy organizations in order to ensure that all Louisiana citizens are represented as the planning council formulates the Louisiana Healthy People 2010 State Plan.

H. The Department of Health and Hospitals, through its office of public health, has participated in the development of Healthy People 2010 Objectives and has primary responsibility for the development of the Annual Health Report Card and is currently participating in the development of a Louisiana Health Improvement Plan as part of the Louisiana Turning Point Initiative.

Acts 1999, No. 1303, § 1.

2742. Office of public health preliminary process

A. Beginning September 1, 1999, the office of public health, in preparation for the eventual convening of the Louisiana Healthy People 2010 Planning Council, shall take preliminary steps to design a process for the implementation of a Healthy People 2010 State Plan.

B. As part of its preliminary planning, the office of public health shall compile and organize available information on mortality, disability, and behavioral risk factors associated with disease, identify data already being compiled by state agencies regarding health-related factors which have an impact on the overall health of the people of the state, and develop preliminary recommendations for the collection of data in the future which would contribute to realization of the goals of the Louisiana Healthy People 2010 Planning Council, to develop and implement an effective Healthy People 2010 State Plan for Louisiana.

C. The office of public health shall also complete other such preliminary steps as will assure the most productive use of time and resources when the council convenes.

Acts 1999, No. 1303, § 1.

§2743. The Louisiana Healthy People 2010 Planning Council; creation; duration

In order to address its findings, the legislature hereby creates the Louisiana Healthy People 2010 Planning Council, hereinafter referred to as the "council" to be housed within the Department of Health and Hospitals, and administered by the Department of Health and Hospitals through the office of public health. The council shall be in existence for the period from September 1, 2000 to March 31, 2003. The council may accept and expend grants and donations, including staff support and in-kind resources, from any source, including federal, state, public, and private entities, to assist it to carry out its functions.

Acts 1999, No. 1303, § 1

§2744. Powers, functions, and duties

The powers, functions, and duties of the council shall include the final development and plan for implementation of a Louisiana Healthy People 2010 State Plan, hereinafter the "plan", which shall contain at the least the following elements:

(1) The plan shall be designed to increase the span of healthy and worthwhile life, to eliminate health disparities, and to achieve access to preventive services, for all people in the state of Louisiana.

(2) The plan shall build upon the concepts of Goal Number 3 of the Governor's Louisiana Vision 20/20 Plan by emphasizing issues of quality of life.

(3) The plan shall, to the extent possible, embrace and build upon the concepts outlined in Healthy People 2010 Objectives, the underlying document of the Healthy People 2010 national prevention initiative developed under the leadership of the Surgeon General of the United States and the public health community through the nation.

(4) The plan shall include the development of benchmarks by which to measure the success of the various aspects of the plan.

(5) The plan shall include an overall framework for the state's health promotion programs.

(6) The plan shall consider the recommendations and other information developed by the office of public health in its preliminary process.

Acts 1999, No. 1303, § 1.

§2745. Members; organization; meetings; reports

A. The council shall convene for its first meeting no later than September 1, 2000. At the first meeting, the executive director, chairman, and vice chairman of the council shall be appointed by the secretary of the Department of Health and Hospitals. The council shall be staffed by one paid staff person to assist with the business of the council, and may have other staff as available from the office of public health. The office of public health shall be responsible for administering the business of the council, including coordination of the development of the plan, and preparation and submission of any recommendations and reports of the council regarding the plan. The council may adopt such rules of procedure as are necessary to conduct its business.

B. The council shall be composed of members representing state and local government, the private medical community, nonprofit and trade associations, insurance companies, volunteer organizations, advocacy groups, universities, and shall at a minimum, include members as follows:

(1) A member of the Louisiana House of Representatives to be appointed by the speaker of the House.

(2) A member of the Louisiana Senate to be appointed by the president of the Senate.

(3) Two representatives of the office of the governor, to be appointed by the governor.

(4) The chancellor of the Louisiana State University Health Sciences Center or his designee.

(5) The chancellor of the Tulane University Medical Center or his designee.

(6) The program director of the Louisiana Area Health Education Centers.

(7) The assistant secretary of the office of public health of the Department of Health and Hospitals.

- (8) The secretary of the Department of Social Services or his designee.
- (9) Repealed by Acts 2001, No. 8, § 18, eff. July 1, 2001.
- (10) The secretary of the Department of Environmental Quality or his designee.
- (11) The secretary of the Department of Transportation and Development or his designee.
- (12) The secretary of the Department of Labor or his designee.
- (13) The secretary of the Department of Public Safety and Corrections or his designee.
- (14) The superintendent of education or his designee.
- (15) The commissioner of insurance or his designee.
- (16) The president of the Louisiana State Medical Society or his designee.
- (17) The president of the Louisiana State Nurses Association or his designee.
- (18) The president of the Louisiana Public Health Association or his designee.
- (19) A representative from the Louisiana state office of the American Association of Retired Persons.
- (20) Four representatives of the public at large to be selected from a list submitted by the council members to the assistant secretary of the office of public health consisting of an African-American, a Hispanic, a person with special needs, and a person suffering from a mental illness.
- (21) A representative from the division of administration to be appointed by the commissioner of administration.
- (22) The president of the Louisiana Physical Therapy Association or his designee.
- (23) The president of the Louisiana Hospital Association or his designee.
- (24) The executive director of the Louisiana Board of Pharmacy or his designee.
- (25) The executive director of the Louisiana Maternal and Child Health Coalition or his designee.
- (26) The president of the Louisiana Medical Association or his designee.

C. All members shall serve without compensation, except that all council members shall receive reimbursement for travel related to council business.

D. The council shall meet at least quarterly. Meetings shall also be held on call of the chairman or at the request of at least eight members of the council.

E. The council shall submit periodic reports to the legislature regarding its progress in development of the plan. The council shall submit its final report, including proposed legislation if necessary, to the governor and to the House and Senate Health and Welfare Committees, prior to the convening of the 2003 legislative session. Such final report shall include a comprehensive state plan for implementation of services and programs in the state of Louisiana to improve the overall health and quality of life of the citizens of the state of Louisiana, and an estimate of the cost of implementation of such a plan.

F. All departments, boards, agencies, officers, and institutions of the state and all subdivisions thereof shall cooperate with the council in carrying out its purposes pursuant to this Chapter.

Acts 1999, No. 1303, § 1; Acts 2001, No. 8, § 18, eff. July 1, 2001.

## APPENDIX B-1

### House Resolution NO. 130

#### ENROLLED

Regular Session, 2003

HOUSE RESOLUTION NO. 130

BY REPRESENTATIVE DURAND

#### A RESOLUTION

To direct the Department of Health and Hospitals, office of public health, through its Healthy People 2010 program, to plan, implement, and promote a comprehensive, statewide disease prevention agenda that will serve as a road map for improving the health of all people in the state of Louisiana during the first decade of the 21st century and whose overarching purpose will include promoting health and preventing illness, disability, and premature death.

WHEREAS, the state of Louisiana ranks 49th in low birth weight babies; and

WHEREAS, the state of Louisiana ranks 44th in infant mortality rates; and

WHEREAS, the state of Louisiana ranks 44th in child death rates; and

WHEREAS, the state of Louisiana ranks 42nd in teen birth rate; and

WHEREAS, cardiovascular disease is Louisiana's leading cause of death with thirty-eight point five percent of deaths attributable; and

WHEREAS, nearly forty percent of adults in the state of Louisiana are overweight and twenty-four percent are obese; and

WHEREAS, eighty-five percent of adults in the state of Louisiana do not get the recommended daily amount of physical activity, compared to the national rate of seventy-eight percent; and

WHEREAS, the highest rate of tobacco smokers in the state of Louisiana occurs in the eighteen to twenty-four year old age group; and

WHEREAS, twenty-two percent of adults in the state of Louisiana do not have medical insurance, compared to a national rate of thirteen percent; and

WHEREAS, the Louisiana Healthy People 2010 Planning Council was established to ensure a broad-based approach to the goal of improving the overall health of Louisiana citizens, coinciding with Goal Number 3 of the Governor's Louisiana Vision 20/20; and

WHEREAS, the Louisiana Healthy People 2010 Planning Council in the year 2002 adopted the ten leading health indicators developed and supported by the national Healthy People 2010 initiative; and

WHEREAS, these ten leading health indicators have received high priority from national funding sources based on the support of the national Healthy People 2010 initiative.

THEREFORE, BE IT RESOLVED that the House of Representatives of the Legislature of Louisiana does hereby direct the Department of Health and Hospitals, office of public health, through its Healthy People 2010 Program, to provide statewide leadership in the promotion of a disease prevention agenda focused on the following ten leading health indicators:

- (1) Physical activity.
- (2) Overweight and obesity.
- (3) Tobacco use.
- (4) Environmental quality.
- (5) Responsible sexual behavior.
- (6) Mental health.
- (7) Substance abuse.
- (8) Injury and violence.
- (9) Immunizations.
- (10) Access to health care.

H.R. NO. 130

**ENROLLED**

BE IT FURTHER RESOLVED that a copy of this Resolution be transmitted to the secretary of the Department of Health and Hospitals.

---

SPEAKER OF THE HOUSE OF REPRESENTATIVES



## APPENDIX B-2

### Senate Resolution NO. 84

#### ENROLLED

Regular Session, 2003

SENATE RESOLUTION NO. 84

BY SENATOR MOUNT

#### A RESOLUTION

To direct the office of public health, in the Department of Health and Hospitals, through its Healthy People 2010 Planning Council, Louisiana program, to plan and implement a comprehensive, statewide promotion and disease prevention agenda that will serve as a road map for improving the health of all people in the state of Louisiana during the first decade of the twenty-first century.

WHEREAS, the state of Louisiana ranks forty-ninth in the United States for low birth weight babies; and

WHEREAS, Louisiana ranks forty-fourth in the United States in infant mortality; and

WHEREAS, Louisiana ranks forty-fourth in the United States in child deaths; and

WHEREAS, Louisiana ranks forty-second in teen births; and

WHEREAS, thirty-eight point five percent of deaths in Louisiana are attributable to cardiovascular disease; and

WHEREAS, nearly forty percent of adults in Louisiana are overweight, and twenty-four percent are obese; and

WHEREAS, eighty-five percent of adults in Louisiana do not get the recommended daily amount of physical activity, compared to the national rate of seventy-eight percent; and

WHEREAS, the highest rate of tobacco smokers in Louisiana are between the ages of eighteen and twenty-four; and

WHEREAS, twenty-two percent of adults in Louisiana do not have medical insurance, compared to the national rate of thirteen percent; and

WHEREAS, these health indicators have received high priority from national funding sources based on the support of the National Healthy People 2010 initiative; and

WHEREAS, the Louisiana Healthy People 2010 Planning Council was established to ensure a broad based approach to the goal of improving the overall health of Louisiana citizens, coinciding with Goal Number 3 of the planning document issued by the governor's office, Louisiana Vision 20/20.

THEREFORE, BE IT RESOLVED that the Senate of the Legislature of Louisiana directs the office of public health in the Department of Health and Hospitals, through its Healthy People 2010 Planning Council, Louisiana program, to plan and implement a comprehensive, statewide promotion and disease prevention agenda that will serve as a road map for improving the health of all people in the state of Louisiana during the first decade of the twenty-first century.

BE IT FURTHER RESOLVED that the disease prevention agenda focus on the following ten leading health indicators:

- (1) Physical activity
- (2) Overweight and obesity
- (3) Tobacco use
- (4) Environmental quality
- (5) Responsible sexual behavior
- (6) Mental health
- (7) Substance abuse

## **APPENDIX C**

### **Leading Health Indicators (LHIs)**

Leading Health Indicators (LHIs) reflect the major health concerns in Louisiana and the United States at the beginning of the 21<sup>st</sup> Century. Each LHI is an important health issue by itself. Together the set of indicators helps us understand that there are many factors that matter to the health of individuals and communities. To some extent, each of the indicators depends on the following:

- the information people have about their health and how to make improvements,
- choices people make (behavioral factors),
- where and how people live (environmental, economic and social conditions) and
- the type, amount and quality of health care people receive (access to health care and characteristics of the health care system)

These indicators are intended to help everyone more easily understand the importance of health promotion and disease prevention and to encourage wide participation in improving health in the next decade.

The LHIs and Louisiana's priority prevention areas as adopted by the HP Council are as follows:

- Physical activity
- Overweight and Obesity
- Tobacco Use
- Substance Abuse
- Responsible Sexual Behavior
- Mental Health
- Injury and Violence
- Environmental Quality
- Immunization
- Access to Health Care

## **APPENDIX D**

### **Defining Prevention**

Prevention is the tradition of public health. Prevention is defined as taking advance measure against something possible or probable; also, to be in readiness for; or to act ahead of in order to keep something from happening or existing. Prevention is now viewed as much broader than just an annual check up or getting regular exercise. Successful prevention agendas include at least four elements:

- community-based preventive services and public health activities, including health education
- clinical preventive services including immunizations, screening tests and counseling by physicians and other health care professionals
- prevention oriented social and economic policies, including legal and regulatory actions that reinforce healthy behaviors and reduce exposure to harmful substances (e.g. passage of seat belt laws and designation of no-smoking areas)
- self-management support and information tools, such as self-care publications, that empower individuals to make informed decisions about their own health, engage in healthy behaviors and make appropriate use of medical care

## APPENDIX E

### Best Practice Review: The Healthy Carolinians “Partnership”

The Healthy Carolinians process uses a community-based model to approach the development and statewide implementation of its HP 2010 objectives. The process involves a community certification program used to create “partnerships” between the Office of Healthy Carolinians and each county within the state. Each year, the Governor's Task Force on Healthy Carolinians awards certification to communities who have broad-based community partnerships which represent the needs of the disadvantaged and whose mission is prevention-based.

An application for certification must be written to demonstrate that the community is addressing at least two objectives from The Report of the Governor's Task Force on Health Objectives for the Year 2010. These objectives must be measurable and realistic. Verification that a “Community Health Assessment” or its equivalent has been used to determine the community's health objectives must also be included. Standards for community certification can be found at <http://www.healthycarolinians.org/hc-certific/standards.htm> and benefits of community certification may be found at <http://www.healthycarolinians.org/hc-certific/benefits.htm>.

### Structure

Healthy Carolinians is structured to minimize state directives, while maximizing community involvement and ownership. Through the state's Division of Public Health, the Office of Healthy Carolinians provides leadership and support of the individual county partnerships. However, each individual county is responsible for meeting the criteria for certification.

The Office of Healthy Carolinians/Health Education has a team of players that takes a systems approach to training. The team is made up of the Director of the Office of Healthy Carolinians and Health Education, the training coordinator, the community assessment educator, and five “Regional Health Education Consultants.” These regional consultants provide consultation and technical assistance to local partnerships engaged in the Healthy Carolinians process. These consultants are also available to assist local health educators and public health directors.

In addition to the headquarters and regional staff, each county has a “Coordinator”, which serves as a local point of contact. The coordinator is responsible for performing a community health assessment, identifying community programs with HP 2010 initiatives, promoting the program and maintaining high visibility in the community and providing leadership and education to the community programs. **This coordinator is funded by local sources (i.e. local health departments, county commissions, foundations, etc.)** and is usually a nurse or a health educator.

## **Community Certification Process**

The following is an outline of the community certification process. For a more detailed description, please consult this web address <http://www.healthycarolinians.org/hc-certific/started.htm>.

- I. Establish a steering committee
- II. Perform a community health assessment
- III. Convene the community partnership
- IV. Develop an action plan
- V. Apply for Healthy Carolinians Certification
- VI. Implement plans
- VII. Monitor progress
- VIII. Evaluate projects
- IX. Take time to celebrate successes

The most important step in the community certification process is to perform a community health assessment. The community health assessment is a process by which community members gain an understanding of the health, concerns, and health care systems of the community by identifying, collecting, analyzing, and disseminating information on community assets, strengths, resources, and needs. A community health assessment usually culminates in a report or a presentation that includes information about the health of the community as it is today and about the community's capacity to improve the lives of residents. A community health assessment can provide the basis for discussion and action. The Office of Healthy Carolinians provides a "Community Assessment Guide Book" that is a resource document or toolkit used to facilitate the performance of this task.

## **Training**

Regional consultants conduct quarterly meetings with the coordinators in their regions to assess progress and provide critical training. Further training is available to Healthy Carolinians Partnerships through periodic workshops, and training materials are also accessible online. Additionally, the Office of Healthy Carolinians conducts an annual two-day conference that brings in statewide staff, stakeholders and community leaders to provide the opportunity for Healthy Carolinians Partnerships to build the skills necessary to use their influence to impact public health and share innovative strategies for successful community collaboration.

## **Program Evaluation**

The key to understanding evaluation of a Healthy People 2010 program is to acknowledge that it is more a process than a program. Processes are best measured by using outcomes evaluation. This model examines inputs, activities, outputs, and outcomes to determine process effectiveness.

The Healthy North Carolinians director suggested providing an annual number of community certifications goal as a primary evaluation criterion. She also suggested evaluating the development of new intervention strategies and the expansion of existing intervention programs on an annual basis. In addition, she suggested that partnership activities (i.e., intervention programs or services provided) and outputs (i.e., number of people trained or percentage change in HP 2010 objective) might be important factors in evaluating effectiveness.

## **Keys to Success**

The Healthy North Carolinians director also provided several key factors that contribute to the success of a community certification program for Healthy People 2010 objectives. The following is an outline of these key factors:

### **I. Obtain support from county commissioners (parish presidents or their counterpart)**

- A. Their influence is important for community involvement
- B. They often provide funding for the coordinator

### **II. Hire a good coordinator**

- A. The person must be energetic, knowledgeable, and charismatic as they will be promoting the program through speaking engagements, press releases, TV programs, etc.
- B. A research or public health background is useful because they will be responsible for performing the community health assessment

### **III. Develop a permanent relationship with each community partnership**

- A. Define the roles and responsibilities of the partnership
- B. Establish a certification and re-certification process
- C. Provide constant training and support for accomplishing objectives and obtaining funds

### **IV. Allow each community to have ownership of its partnership**

- A. This ownership causes citizens and organizations to feel pride in the intervention programs they support and it causes them to continue these programs by seeking their own resources for funding
- B. North Carolina's partnerships have their own names (i.e. "Healthy Caldwellians") and often have their own websites (Caldwell is a county in North Carolina)

## APPENDIX F-1

### Healthy Carolinians Community Certification Standards

*The following list parallels the guidance set out in the Healthy Carolinians [Benchmarks](#) for certification. The HC Partnership applying for certification or recertification should demonstrate some strength in each of these areas to meet the minimal standards for certification/recertification. For counties that are eligible for the Thad B. Wester Award and the Anlyan Award for Excellence, the HC Partnership should be exemplary in each area, clearly demonstrating performance beyond these minimal requirements for certification/recertification.*

**Alignment with 2010 health objectives:** Must have planned and implemented activities that work toward achieving at least two different 2010 objectives (from two different focus areas). See [Healthy Carolinians 2010 health objectives](#).

**Reducing Health Disparities:** Action plans/objectives/interventions must target populations with health disparities.

**Action Plans:** Must have long-term objectives (10-year) and short-term objectives (5-year) that are measurable and have a baseline. The strategies must have multiple levels of interventions (i.e., policy, various community settings, media campaign) and be effective in achieving the desired outcomes stated in the objectives. Strategies/objectives should have evaluation plans that include impact and/or outcomes.

**Membership:** HC partnership must have diversity represented in leadership committee and full partnership. Membership must represent race/ethnicity of community, a wide variety of agencies (government and not-for-profit), businesses, churches, schools, gender, sex, geographic (various parts of the county), community members and community leaders. Community members must participate in the decision-making process.

**Leadership:** a) Must demonstrate collaborative leadership (shared leadership among various agencies, community members, etc). b) HC Partnership should not be the work of a sole agency. c) HC Partnerships applying for recertification must demonstrate that leadership is shared and has evolved to include others beyond the original lead agencies. d) HC partnership has influential community leaders supporting its work.

**Community Assessment:** Must demonstrate that the HC partnership has conducted or used a recent community assessment to determine priorities and identify priority populations. Community members should help decide priorities.

**Communication:** HC partnership must report to the community and make presentations to various boards and commissions about its work. HC partnership must have a communication plan that includes media and/or a marketing campaign (have HC partnership logo, etc.). HC partnership must be working toward high visibility in the community.

**Support and Commitment of HC members:** Letters of support demonstrate commitment to HC partnership. Actions plans clearly demonstrate wide variety of agencies/organizations have roles and responsibilities for the strategies.

**Funding:** HC partnership should have some ongoing financial support or a financial plan to seek funding.



## **APPENDIX F-2**

### **Healthy Carolinians Benefits of Certification**

#### Benefits of Certification

1. Certification provides statewide and national recognition of the valuable work of community members and agencies:
  - The Governor or his designated official personally gives the award.
  - The award is given at the annual Healthy Carolinians conference where over 350 community and public health leaders are usually present.
  - Each community receives a plaque recognizing the achievement of their collaborative efforts toward preventing disease/conditions.
  - Each member of the Certified Healthy Carolinians Partnership receives a personalized certificate signed by the Governor.
- The certification process helps provide more focus on partnership objectives and activities in the community.
- The Certification award attracts grant opportunities. Certified Healthy Carolinians Partnerships have enhanced credibility with possible funding sources such as County Commissioners, State Legislators and many foundations.
- The Certification award provides an opportunity for increasing visibility within the community, such as,
  - Increased awareness of preventative public health practices.
  - Recruitment of more volunteers.
  - Increased community participation in activities.
5. The Certification process helps to keep the momentum of the Partnership going.